

<b>26-213 CASELOAD MOVEMENT REPORT FOR THE REFUGEE RESETTLEMENT PROGRAM (RRP) (FORM RS 237)</b>	<b>26-213</b>
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<b>26-213.01 CONTENT</b>	<b>26-213.01</b>
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This report provides monthly data on the movement of cases and the number of individuals participating in the RRP through the AFDC and RCA Programs who received a cash grant during the report month.

<b>26-213.02 PURPOSE</b>	<b>26-213.02</b>
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The purpose of this data is: 1) to provide county, state and federal administrators with information needed for budgeting, staffing, program planning and for other administrative responsibilities; and, 2) to provide data for federal reports.

<b>26-213.03 DISTRIBUTION</b>	<b>26-213.03</b>
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Data from these reports are compiled into monthly summaries for use by departmental managers, the State Legislature, and other interested agencies and individuals.

<b>26-213.04 DUE DATE</b>	<b>26-213.04</b>
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Reports are due in Sacramento no later than the 20th calendar day of the month following the report month. If the due date falls on a Saturday, Sunday or holiday, the due date will be the following work day. Send the report to:

State Department of Social Services  
Statistical Services  
744 P Street, Mail Station 19-81  
Sacramento, CA 95814

If the report will be either delayed or incomplete in any way, please contact Statistical Services at (916) 322-2230 or ATSS 492-2230.

<b>26-213.05</b>	<b>DEFINITIONS</b>	<b>26-213.05</b>
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**Case:** For the purpose of this report, a case is defined as a cash assistance case that contains at least one time-eligible refugee.

**RCA-UM:** Under this program segment, only unaccompanied minors are to be reported. No unaccompanied minors are to be reported in AFDC-FC.

<b>26-213.10</b>	<b>INSTRUCTIONS</b>	<b>26-213.10</b>
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<b>26-213.20</b>	<b>PART A. APPLICATIONS FOR AID AND REQUESTS FOR RESTORATION</b>	<b>26-213.20</b>
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Part A summarizes intake activity during the report month with respect to applications for aid and requests for restoration, as defined in Manual Section 40-103.4.

1. **Pending from last month** - Enter the number of applications pending from previous month. If not the same figure as Item 5 of previous month, explain in footnote.
2. **Received during the month** - Enter the sum of 2a and 2b.
  - 2a. **Applications** - For reporting purposes, a request for aid is considered an application when it has been received and recorded by the county, usually on intake form CA 1, Application for Public Social Services. Exclude applications received from recipients whose aid is being transferred from another county, intraprogram status changes or interprogram transfers between AFDC and RCA. Applications made for aid to another county shall be reported by the county of applicant's residence, not by the county whose aid is requested. Enter all applications in the appropriate column.
  - 2b. **Requests for Restoration** - An application for aid is considered a request for restoration when the applicant has been a recipient under the same program in the same county within the last 12 months. Include Four-Month Continuing Medi-Cal Eligibility cases requesting restoration for a cash grant. Enter the number of requests for restoration in the appropriate column. Exclude requests for restoration received from recipients whose aid is being transferred to another county, intraprogram status changes or interprogram transfers between AFDC and RCA.

26-213.20 PART A. APPLICATIONS FOR AID AND REQUESTS FOR  
RESTORATION (Continued)

26-213.20

3. Total during the month - Enter sum of Items 1 and 2.

4. Disposed of during the month - Enter sum of 4a, 4b, and 4c.

4a. Approved

Cash Grant - Enter the number of applications and restoration requests approved for a cash grant. Entry must equal Item 7a plus 7b.

4b. Denied - Enter number of applications and restoration requests denied.

4c. Other Dispositions (Cancellations and Withdrawals) - Enter the number of applications and restoration requests cancelled, withdrawn, or otherwise disposed of without approval.

5. Investigation proceeding at end of month - Enter the number of applications and requests for restoration pending at end of month. Entry will equal the difference between total applications and restoration requests during the month and number of disposed of, Item 3 less Item 4.

## 26-213.30 PART B. CASELOAD

26-213.30

6. Brought forward from last month - Entry will equal Item 10 of previous month's report or be explained in a footnote. Changes in caseload resulting from actions authorized in prior months and not previously reported are shown as adjustments to Item 6 and are not to be reported in Item 7e.

7. Added during month - Enter sum of Items 7a through 7e.

Note: Report an action which falls within the definition of both a restoration and an intraprogram status change or interprogram transfers between AFDC and RCA in Item 7d and not in Item 7b. In addition, report intercounty transfers in Item 7c and not in Items 7a or 7b.

7a. Applications approved - Enter number of applications approved for cash grant.

26-213.30	PART B. CASELOAD (Continued)	26-213.30
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7b. **Restorations** - Enter number of restoration requests approved. Report an action which falls within the definition of both a restoration and an intraprogram status change or interprogram transfers between AFDC and RCA in Item 7d and not in Item 7b.

7c. **Transfers from other counties** - Enter number of cases for which reporting county accepted responsibility for payment of aid during report month.

7d. **Other transfers-in**

1) Enter,

in column 1 the number of cases transferred to AFDC(FG) - by intraprogram status change from AFDC (MN-medically needy).

in column 2 the number of cases transferred to AFDC (U) - by intraprogram status change from AFDC (MN-medically needy).

in column 3 the number of cases transferred to AFDC(FC) - by intraprogram status change from AFDC (MN-medically needy).

2) Enter,

in column 1 the number of cases transferred to AFDC (FG) - from RCA columns 4, 5 and 6;

in column 2 the number of cases transferred to AFDC (U) - from RCA columns 4, 5 and 6;

in column 3 the number of cases transferred to AFDC (FC) - from RCA columns 4, 5 and 6;

in column 4 the number of cases transferred to RCA (Family) from AFDC, columns 1, 2 and 3;

in column 5 the number of RCA (one-person) from AFDC columns 1, 2 and 3;

in column 6 the number of RCA (UM) from AFDC columns 1, 2 and 3.

26-213.30 PART B. CASELOAD (Continued)

26-213.30

3) Enter,

in column 1 the number of cases transferred to AFDC (FG) - by change in aid category from the AFDC (U or FC) - segment;

in column 2 the number of cases transferred to AFDC (U) - by change in aid category from AFDC (FG or U) - segment;

in column 3 the number of cases transferred to AFDC (FC) - by change in aid category from the AFDC (FG or U) - segment.

4) Enter,

in column 4 the number of cases transferred to RCA (Family) by change in aid category from the RCA (one-person or UM) segment;

in column 5 the number of cases transferred to RCA (one-person) by change in aid category from the RCA (family or UM) segment;

in column 6 the number of cases transferred to RCA (UM) by change in aid category from the RCA (family or one-person) segment.

7e. Other approvals - Enter number of cases approved for reasons other than 7a through 7d, including:

- 1) To approve aid on appeal cases.
- 2) To restore aid to cases erroneously denied or discontinued.
- 3) To restore CA 7 discontinuances where completion of new application is not deemed necessary.
- 4) To add to the number of CAUs by splitting an existing CAU.

Changes in caseload resulting from actions authorized in prior months and not previously reported are not to be reported in Item 7e but are shown as adjustments in Item 6.

8. Total open during month - Enter number of cases active during the report month; that is, those cases where an official authorization for aid was in effect at some time during the month. Sum of Item 6 plus Item 7; also sum of 8a and 8b.

## 26-213.30 PART B. CASELOAD (Continued)

26-213.30

8a. **Cases receiving cash grants** - Enter in the appropriate columns the number of cases on the current month's payrolls. (This figure may also be determined arithmetically by subtracting a count of the number of cases not receiving aid from the total number of active cases. If this method is used, an actual count of cases receiving aid must be obtained from the payrolls at least once every six months to verify the figures being reported.)

- 1) **Persons in Item 8a cases** - Enter the number of persons receiving a cash grant during the current month only.
- 2) **Time-Eligible persons in Item 8a cases** - Enter the number of time-eligible persons only, receiving a cash grant during the current month.

8b. **Other cases** - (Not receiving a cash grant) - Enter the number of cases not paid aid but which had in effect during the report month an authorization to receive aid. Include the following cases:

- 1) Cases approved for aid during the report month which will receive an initial warrant dated the following month.
- 2) Cases with an authorization to receive aid discontinued during the report month, and the warrant either cancelled or not written.
- 3) Cases in which the authorization for the report month was a zero grant to adjust for an overpayment.

9. **Total cases terminated or changed in status during month** - Enter sum of Items 9a and 9c.

a. **24-months or 12-months time-expired cases** - Enter the number of cases in columns 1, 2, and 3 in which aid to the entire case was terminated due to the 24-months time limitation. Enter the number of cases in columns 4, 5 and 6 in which aid to the entire case was terminated due to the 12 months time limitation whether or not the case was discontinued.

b. **24-months or 12-months time-expired persons** - Enter the number of persons in columns 1, 2, and 3 whose aid was terminated due to the 24-months time limitation whether or not the entire case was discontinued. Enter the number of persons in columns 4, 5 and 6 whose aid was terminated due to the 12-months time limitation whether or not the case was discontinued.

26-213.30 PART B. CASELOAD (Continued)

26-213.30

- c. **Terminated or changed in status during month** - For all programs, enter the number of cash grant cases terminated during the report month by action of the delegated agent of the board of supervisors and those cases whose status was changed by intraprogram transfers or interprogram transfers between AFDC and RCA. Terminations include cases in which aid was discontinued and those removed from the program or program segment for other cases.

A case is reported in Item 9c when it ceases to be an active case in a program, program segment, or component because of termination, intercounty transfer, intraprogram status change, or interprogram transfers between AFDC and RCA.

Include cases discontinued from a given segment by reasons of transfer to another segment; for example AFDC to RCA or vice versa. Another example to be included would be a change in aid category from FG, U or FC within AFDC from family, one-person or UM within RCA. Include cases (CAUs) terminated by merger with other cases.

10. **Carried forward to next month** - Enter the number cases carried forward to next month, Item 8 less Item 9.

26-213.90 FORM RS 237

26-213.90

Fill in information requested at the top and bottom of the report form and show the figures required for each item. If there is nothing to report on an item, enter "0"; however, if there is nothing to report on **any** of the items in Part A or Part B, draw a line across the entire Part - zero entries need not be made in this instance.

## FORM RS 237

STATE OF CALIFORNIA - HEALTH AND WELFARE AGENCY		DEPARTMENT OF SOCIAL SERVICES					
REFUGEE RESETTLEMENT PROGRAM —		Send One Copy to:					
Cash Grant		Department of Social Services					
CASELOAD MOVEMENT REPORT		Statistical Services					
STATE USE ONLY		744 P Street, M.S. 19-81					
COUNTY CODE		Sacramento, CA 95814					
COUNTY	FOR MONTH ENDING	(MONTH	DAY	YEAR)			
<b>PART A. APPLICATIONS FOR AID AND REQUESTS FOR RESTORATION</b>		<b>AFDC</b>		<b>RCA</b>			
		<b>FG/U</b> (1)	<b>FC</b> (2)	<b>(3)</b>			
1. Pending from last month (Item 5 from last month or explain).....							
2. Received during the month (Sum of a & b below).....							
a. Applications .....							
b. Requests for restoration .....							
3. Total during the month (Sum of 1 & 2).....							
4. Disposed of during the month (Sum of a, b, & c, below) .....							
a. Approved (Same as sum of 7a & 7b) .....							
b. Denied .....							
c. Other dispositions (Cancellations & withdrawals).....							
5. Investigation proceeding at end of the month (3 minus 4) .....							
<b>PART B. CASELOAD</b>		<b>AFDC</b>		<b>RCA</b>			
		<b>FG</b> (1)	<b>U</b> (2)	<b>FC</b> (3)	<b>Family</b> (4)	<b>One-person</b> (5)	<b>UM</b> (6)
6. Cases brought forward from last month (Item 10 last month or explain) .....							
7. Cases added during month (Sum of a through e, below).....							
a. Applications approved .....							
b. Restorations .....							
c. Transfers from other counties .....							
d. Other transfers-in (Sum of (1) through (4), below) .....							
(1) Intraprogram status change from medically needy .....							
(2) Interprogram transfer from AFDC-RCA .....							
(3) Change in aid category from FG or U or FC segment .....							
(4) Change in aid category from Family, One-person, or UM seg .....							
e. Other approvals .....							
8. Total cases opened during the month (Sum of 6 and 7 above; also a and b, below) .....							
a. Cases receiving cash grants .....							
(1) Persons in Item 8a cases .....							
(2) Time eligible persons in Item 8a cases .....							
b. Other cases .....							
9. Total terminated or changed in status during month (Sum of a & c below) .....							
a. 24-months (AFDC) & 12-months (RCA) time-expired cases .....							
b. 24-months (AFDC) & 12-months (RCA) time-expired persons....							
c. Other cases terminated or changed in status .....							
10. Cases carried forward to next month (8 minus 9) .....							
REPORT PREPARED BY		TELEPHONE			DATE		
RS 237 (4/89)		(See Instruction Page)					



<b>26-214</b>	<b>GENERAL RELIEF AND INTERIM ASSISTANCE TO APPLICANTS FOR SSI/SSP - CASELOAD AND EXPENDITURE STATISTICAL REPORT (FORM GR 237)</b>	<b>26-214</b>
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<b>26-214.01</b>	<b>CONTENT</b>	<b>26-214.01</b>
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This report provides monthly information on General Relief caseload movement and expenditures and total net expenditures in the General Relief Program. This report also collects caseload data on the Interim Assistance Program, under which aged, blind and disabled applicants for SSI/SSP may be granted county funds as interim assistance until the Social Security Administration (SSA) acts upon their application.

<b>26-214.02</b>	<b>PURPOSE</b>	<b>26-214.02</b>
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The report is designed to collect statewide and county data comparable to that obtained for the AFDC Program so that statistics on all public assistance programs in California will be available. The data on Interim Assistance is needed by Adult and Foster Care Program Management Branch, and by individual counties to monitor: (1) county compliance with certain Federal regulations and (2) caseload developments and trends in the Interim Assistance Program.

<b>26-214.03</b>	<b>DISTRIBUTION</b>	<b>26-214.03</b>
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Data from the General Relief reports are compiled and submitted monthly to the Department of Health and Human Services on Federal Report SSA 3637 (Statistical Report on Recipients Under Public Assistance Programs). Data for both General Relief and Interim Assistance are also published in the monthly and annual statistical summaries, Public Welfare in California, for distribution to program managers, county welfare departments and other interested agencies and individuals.

<b>26-214.04</b>	<b>DUE DATE</b>	<b>26-214.04</b>
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Reports are to be received in Sacramento on or before the eighth working day of the month following the report month. Send one copy to:

State Department of Social Services  
Statistical Services Section  
744 P Street, Mail Station 19-81  
Sacramento, CA 95814

When all data is not available, transmit a report by the due date containing all information that is available at that time. Attach an explanation for the delay and indicate when the Department can expect to receive the completed report. Transmit the missing data as soon as it is available.

**26-214.06 DEFINITIONS****26-214.06**

The General Relief (GR) program is that program administered by the County Welfare Department which provides assistance to needy persons from county funds only. There is no reimbursement from state and federal funds for General Relief.

Interim Assistance is payment made to SSI/SSP applicants from GR funds until SSA acts upon their application. County aid expenditures are reimbursed by SSA if the recipient's application for SSI/SSP is approved.

**26-214.07 EXCLUSIONS FROM STATISTICAL REPORTING****26-214.07**

The following are NOT to be reported on this form:

- Social Service Only cases for which financial need is not a problem to be met from county indigent or other public assistance funds.
- Aid to Families with Dependent Children cases which receive supplemental aid from county funds. These expenditures are to be reported on the AFDC Caseload and Expenditures Report, (Form CA 237 FG/U and CA 237 FC).
- Special Circumstances money, which is reported on the Adult Program Monthly Statistical Report (ABD 216).
- Administrative costs.

**26-214.10 INSTRUCTIONS****26-214.10****26-214.20 PART A. CASELOAD (GENERAL RELIEF AND INTERIM ASSISTANCE)****26-214.20**

Report the number of cases for ALL General Relief including General Home Relief, Miscellaneous General Relief, Interim Assistance, Refugees, and Entrants (includes the 19-36 months RCAs and ECAs) converted to GR.

1. **Cases brought forward from last month** - Entry will equal Item 5 of the previous month's report or be explained in a footnote.
2. **Cases added during month** - Enter the total cases added during the month. This count will include new or reapplications, restorations, and other cases approved during the month (such as cases erroneously denied, erroneously discontinued, etc.).

<b>26-214.20</b>	<b>PART A. CASELOAD (GENERAL RELIEF AND INTERIM ASSISTANCE) (Continued)</b>	<b>26-214.20</b>
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3. **Total cases available during the month** - Enter the sum of Items 1 and 2.
4. **Cases discontinued during the month** - Enter the number of cases that were terminated from GR during the report month.
5. **Cases carried forward to next month** - Enter the number of cases carried forward to the next month, (Item 3 minus Item 4 above).

<b>26-214.30</b>	<b>PART B. CASELOAD AND EXPENDITURES</b>	<b>26-214.30</b>
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6. **Total General Relief** - Enter in the appropriate column the total number of cases, persons, and expenditures or obligations incurred during the report month. Item 6, Col. C, is the sum of (1) plus (2), Col. C, Item 6, Columns A, B, and C are the sum of a plus b, Columns A, B and C respectively.

Consider a GR case as receiving aid if one or more of the following occurred during the month:

- Cash or county warrant was issued to the recipient or family.
- A vendor order was authorized and issued, irrespective of the month covered by the order or the month in which the vendor will be paid.
- Food, clothing, and/or other commodity available through the GR program was issued to the recipient of family from a county-operated commissary or store.

The amount of assistance issued through vendor orders is that shown on the order or, if an amount does not appear on the order, the estimated amount which the agency expects the vendor to claim in a subsequent month. Since actual claims may differ from the amount authorized counties may, for purposes of this report, either: (1) disregard the difference, or (2) adjust their report in a later month to show the net cost to the county. If the report is adjusted, care must be taken to insure that sub-items will add up to the total shown on the report.

## 26-214.30 PART B. CASELOAD AND EXPENDITURES (Continued)

26-214.30

Goods and services available to needy persons through the GR Program and not subject to prior authorization by the reporting agency, such as for medical care, are reported as expenditures in the month the claim for reimbursement is accepted.

- (1) **Amount In Cash** - Enter the amount of expenditures (Col. C) made in the form of direct payments, including county warrants, to the recipients.
- (2) **Amount In-Kind** - Enter the amount of obligation (Col. C) incurred by the county in meeting all other subsistence needs of GR recipients.

Aid In-Kind includes:

- Commodities issued by the county commissary.
- The amounts appearing on grocery orders and vouchers for clothing.
- Other commodities supplied by vendors who will later bill the county for reimbursement.
- Payments made to landlords on behalf of GR recipients.
  - a. **Family Cases** - Enter in the appropriate column the cases, persons, and expenditures for which the needs of two or more persons living together in the same household are considered and included in a single assistance budget.
  - b. **One-Person Cases** - Enter in the appropriate column the cases, persons, and expenditures for which the need of one person only is considered and included in the assistance budget. Include an individual living in a household where the needs of the other members are met by resources other than GR.

Although the number of persons in any given number of "one-person" cases is, of course, identical with the number of cases, it is requested that the number reported in Column A be repeated in Column B to simplify editing.

## 26-214.40 PART C. SSI/SSP INTERIM ASSISTANCE (IA)

26-214.40

This part of the report collects information on Interim Assistance Caseload (IA) and Reimbursements. This is not caseload movement data. These are specific data items required by State Program staff to monitor the IA Program.

7. **Cases added during month** - Enter the number of cases which were added to General Relief and which actually received a grant during the month.
8. **Total SSA checks disposed of during the month** - Enter the number of cases for which SSA checks received by the county were disposed of during the month by distribution between the county and the recipient or by other means.
  - a. **Disposed of 1-10 working days of receipt from SSA** - Report the number of checks disposed of within the required 10 working days. Count working days between receipt by the county of SSA check (signaling approval of the SSI/SSP application by SSA) and the exact date of mailing of the county warrant to the recipient. Include checks disposed of where there was no recipient share and the full amount went to reimburse the county.
9. **SSA sent SSI/SSP check directly to recipient** - Enter the number of IA cases where the county discovered during the report month the SSA sent the initial SSI/SSP check directly to the recipient.
10. **Denial notices received** - Enter the number of cases for which SSA 8125 (Supplemental Security Income Notice of Interim Assistance Reimbursement Eligibility and Accountability Report) forms were received during the report month, indicating that the recipient has been denied SSI/SSP benefits.
11. **Reimbursement during month** - Enter in Col. C the TOTAL amount of IA reimbursed during the report month (a + b, Col. C below). Enter the total number of cases closed due to full reimbursement (a + b, Col. A below).
  - a. **SSA Checks received** - Enter in Col. A, only the number of cases closed due to reimbursement of IA by SSA during the report month. Report the total dollar amount reimbursed (county share) by SSA in Col. C.
  - b. **Repaid by recipient** - Enter in Col. A, only the number of cases closed due to repayment by recipients. Report the total dollars repaid by recipients in Col. C.

Note: If the recipient repays the IA grant by installments, report the dollar amount monthly (in the report month payment is made); however, report the case count only in the month the full payment has been made. Do not report in such a way as to cause duplicate case counts.

26-214.50	PART D. (For use only upon instructions from DSS)	26-214.50
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26-214.60	PART E. NET GENERAL RELIEF EXPENDITURES	26-214.60
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Enter the total net amount of expenditures during the month, which is Item 6 minus Item 11.

26-214.90	FORM GR 237	26-214.90
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Fill in the information requested at the top and bottom of the report form and show the figures required for each item. If there is nothing to report on an item enter "0"; do not leave any items blank.

## FORM GR 237

**GENERAL RELIEF AND INTERIM ASSISTANCE  
TO APPLICANTS FOR SSI/SSP  
MONTHLY CASELOAD AND EXPENDITURE  
STATISTICAL REPORT**Send One Copy To: Department of Social Services  
Statistical Services Branch  
744 P Street, Mail Station 12-81  
Sacramento, CA 95814

COUNTY	1
FOR MONTH ENDING	MONTH DAY YEAR 2

**PART A. CASELOAD (GENERAL RELIEF AND INTERIM ASSISTANCE)**

1. Cases brought forward from last month (Item 5 last month or explain) .....
2. Cases added during month .....
3. Total cases available during the month .....
4. Cases discontinued during month .....
5. Cases carried forward to next month (Item 3 minus Item 4 above) .....

**CASES**

3
4
5
6
7

**PART B. CASELOAD AND EXPENDITURES**

6. Total General Relief ((1) + (2); also a + b below) .....
- (1) Amount in cash .....
- (2) Amount in kind .....
- a. Family cases .....
- b. One-person cases .....

CASES A	PERSONS B	*AMOUNT C
8	9	10
		\$ 11
		12
13	14	15
16	17	18

**PART C. SSI/SSP INTERIM ASSISTANCE**

7. Cases added during month .....
8. Total SSA checks disposed of during month .....
- a. Disposed of 1-10 working days of receipt from SSA .....
9. SSA sent SSI/SSP check directly to recipient .....
10. Denial notice received .....
11. Reimbursements during the month (a + b below) .....
- a. SSA check received .....
- b. Repaid by recipient .....

19		
20		
21		
22		
23		
24		25
26		\$ 27
28		29

**PART D. (FOR USE ONLY UPON INSTRUCTIONS FROM DSS)**

- 12.
- 13.

30	31	32
		\$
33	34	35

**PART E. NET GENERAL RELIEF EXPENDITURES**

(Item 6 minus Item 11 above) .....

	\$ 36
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PERSON TO CONTACT REGARDING THIS REPORT

TELEPHONE NUMBER

DATE

GR 237 (6/82)

\* Round all Amounts to the Nearest Whole Dollar

Ref. 26-214

<b>26-215</b>	<b>AID TO FAMILIES WITH DEPENDENT CHILDREN - EMERGENCY ASSISTANCE - CASELOAD MOVEMENT AND EXPENDITURES REPORT (FORM CA 237-EA)</b>	<b>26-215</b>
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<b>26-215.01</b>	<b>CONTENT</b>	<b>26-215.01</b>
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For the AFDC Emergency Assistance (EA) Program this report provides monthly data on the movement of cases, the number of individuals who receive EA and the net amount of all EA paid during the report month.

<b>26-215.02</b>	<b>PURPOSE</b>	<b>26-215.02</b>
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The purpose of this data is to provide county, state and federal administrators with information needed for budgeting, staffing, program planning and for other administrative responsibilities.

<b>26-215.03</b>	<b>DISTRIBUTION</b>	<b>26-215.03</b>
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Data in this report is compiled and transmitted in California's monthly report to the Social Security Administration, U.S. Department of Health and Human Services.

<b>26-215.04</b>	<b>DUE DATE</b>	<b>26-215.04</b>
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Report is to be received in Sacramento on or before the eighth working day of the calendar month following the report month. Send report to:

State Department of Social Services  
Statistical Services Section  
744 P Street, Mail Station 19-81  
Sacramento, CA 95814

When data is unavailable or has not been reconciled, transmit a report by the due date containing all available information. Attach a note indicating when the department can expect to receive the rest of the report. Forward missing figures promptly as soon as possible. A report shall be submitted even if there were no EA cases on aid in the county for the report period.



**26-215.10 INSTRUCTIONS**

**26-215.10**

**26-215.20 PART A. CASELOAD**

**26-215.20**

Part A summarizes caseload movement activities during the report month.

1. **Cases brought forward from last month** - Entry will equal Item 5 of previous month's report or be explained in a footnote.
2. **Cases added during month** - Enter the number of cases approved for EA.
3. **Total cases open during month** - Enter the number of cases active during the report month; that is, those cases where an official authorization for EA was in effect at some time during the month. Sum of Item 1 plus Item 2; also sum of Items 3a and 3b.
  - 3a. **Cases receiving cash grant** - Enter in the appropriate columns the number of cases receiving current month EA payments in or during the report month.
    - 3a.(1) **Children in Item 3a** - Enter the number of children in Item 3a. cases.
    - 3a.(2) **Adults in Item 3a** - Enter the number of adults in Item 3a. cases.
  - 3b. **Did not receive emergency assistance** - Enter the number of cases not paid aid but which had in effect during the report month an authorization to receive aid.
4. **Terminated or changed in status during month** - For each program, enter the total number of cases terminated during the report month by action of the delegated agent of the board of supervisors and those cases whose status was changed by intraprogram transfer. Terminations include cases in which aid was discontinued and those removed from the program segment for other reasons. Sum of Items 4a and 4b.
  - 4a. **Terminated without transfer to AFDC-FG/U or AFDC-FC** - Enter the number of cases terminated from aid.
  - 4b. **Intraprogram status change to AFDC-FG/U or AFDC-FC** - enter the number of cases transferred to AFDC-FG/U and AFDC-FC after the 30-day EA eligibility has expired.

26-215.20	PART A. CASELOAD (Continued)	26-215.20
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5. Cases carried forward to next month - Enter the number of cases carried forward to next month; Item 3 less Item 4.

26-215.30	PART B. NET EXPENDITURES	26-215.30
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6. Total net expenditures for Emergency Assistance - This part of the report provides for a summary of the net amount of EA aid issued to or on behalf of recipients during the report month, after accounting for all adjustments for the current and all prior months. Enter the amounts corresponding with those reported on the fiscal summary documents.

26-215.40	PART C. OTHER	26-215.40
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- 7.
8. (These items are to be used only upon instructions from the State Department of Social Services.)
- 9.

26-215.90	FORM CA 237-EA	26-215.90
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Fill in the information requested at the top and bottom of the report form. If there is nothing to report on an item enter "0"; do not leave any items blank. However, if there is nothing to report on any items in Part A, Part B, or Part C, draw a line across the entire Part - zero entries need not be made in this instance.

## FORM CA 237-EA

STATE OF CALIFORNIA — HEALTH AND WELFARE AGENCY

DEPARTMENT OF SOCIAL SERVICES

This report is to be received on or before  
the eighth working day of the calendar  
month following the report month.

Send one copy to:

State Department of Social Services  
Statistical Services Branch  
744 P Street, Mail Station 12-81  
Sacramento, CA 95814

**AID TO FAMILIES WITH DEPENDENT CHILDREN —  
EMERGENCY ASSISTANCE  
CASELOAD MOVEMENT AND EXPENDITURES REPORT**

NAME OF COUNTY					
FOR MONTH ENDING:	MONTH      DAY      YEAR				
<b>PART A. CASELOAD</b>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 50%;">EA—UP</th> <th style="width: 50%;">EA—FC</th> </tr> </table>	EA—UP	EA—FC		
EA—UP	EA—FC				
1. Cases brought forward from last month (Item 5 last month or explain).....					
2. Cases added during month (Col. 1 same as CA 237 FG/U 4a (2); Col. 2 same as CA 237 FC 4a (2) or explain in a footnote).....					
3. Total cases open during month (Sum of 1 + 2, above; also a + b below).....					
a. Cases receiving cash grant .....					
(1) Children in Item 3a (For FC Col., 3a(1) will equal 3a) .....	(      )      (      )				
(2) Adults in Item 3a .....	(      )      (      )				
b. Did not receive Emergency Assistance.....					
4. Terminated or changed in status during month (Sum of a + b, below).....					
a. Terminated without transfer to AFDC FG/U or FC .....					
b. Intraprogram status change to AFDC-FG/U or AFDC-FC status .....					
5. Cases carried forward to next month (3 minus 4) .....					
<b>PART B. NET EXPENDITURES</b>	(Round to nearest dollar)				
6. Total net expenditures for Emergency Assistance .....	\$      \$				
<b>PART C. OTHER (These items to be used upon instructions from SDSS)</b>					
7.					
8.					
9.					
REPORT PREPARED BY:	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">TELEPHONE NO.</td> <td style="width: 50%;">DATE</td> </tr> <tr> <td style="text-align: center;">(      )</td> <td></td> </tr> </table>	TELEPHONE NO.	DATE	(      )	
TELEPHONE NO.	DATE				
(      )					

CA 237-EA (6/84)

REF: 26-215

<b>26-216 ADULT PROGRAMS - MONTHLY STATISTICAL REPORT (FORM ABD 216)</b>	<b>26-216</b>
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<b>26-216.01 CONTENT</b>	<b>26-216.01</b>
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This report provides information on: (1) Out-of-Home Care certifications and (2) Special Circumstance allowances.

<b>26-216.02 PURPOSE</b>	<b>26-216.02</b>
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Data collected through this report is needed by the SDSS to monitor changes in the magnitude of the Certification of Out-of-Home Care and Special Circumstance programs.

<b>26-216.03 DISTRIBUTION</b>	<b>26-216.03</b>
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Data from these reports are compiled and published in the monthly statistical summary, Public Welfare in California, for distribution to program managers, county welfare departments and other interested agencies and individuals.

<b>26-216.04 DUE DATE</b>	<b>26-216.04</b>
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Reports are to be received in Sacramento on or before the 20th calendar day of the month following the report month. Send report to:

State Department of Social Services  
Statistical Services Section  
744 P Street, Mail Station 19-81  
Sacramento, CA 95814

When data is unavailable, transmit a report by the due date containing all available information. Attach a note indicating when the Department can expect to receive the rest of the report. Forward missing data promptly as soon as available.

26-216.10	INSTRUCTIONS	26-216.10
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26-216.20	PART A. REQUESTS FOR CERTIFICATION	26-216.20
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This part involves: (1) counts of "Authorization For Non-medical Out-of-Home Care (Board and Care)" (Form SSP 22) and (2) actions taken during the month, as reflected on this form.

1. **Pending from preceding month** - Enter the number of requests for certification to SSA as to non-medical out-of-home care which were carried over (not disposed of) from the preceding month. Entry will be the same as Item 5, prior month, or explain in a footnote.
2. **Received during the month** - Enter the number of requests for certification to SSA received during the report month.
3. **Total on hand during the month** - Enter the total of requests for certification on hand during the month, the sum of the entries in Items 1 and 2.
4. **Disposed of during the month** - Enter the number of requests for certification disposed of during the report month. Item 4 is the sum of the entries in 4a, 4b, and 4c below.
  - 4a. **Allowed, certified to SSA** - Enter the number of requests for certification which were allowed during the month and certified by completion and return of Form SSP 22 to the Social Security Administration (SSA).
  - 4b. **Denied** - Enter the number of requests for certification for which the County Welfare Department (CWD) determined the applicant could not be certified for special living arrangements, completed Form SSP 22, and returned it to the SSA.
  - 4c. **Withdrawn or cancelled** - Enter the number of requests for certification which were withdrawn by the applicant or cancelled due to death of applicant during the month.
5. **Pending, end of month** - Enter the number of requests for certification which were on hand (not disposed of) at the end of the report month (Item 3 minus Item 4).
6. **Length of time to dispose of requests reported in Item 4** - Classify each request reported in Item 4 by the length of time elapsed from the date that the request was received by the CWD to the date that final action was completed. Enter total counts in the appropriate sub-items, 6a and 6b.

<b>26-216.30 PART B. SPECIAL CIRCUMSTANCES ALLOWANCES (SCA)</b>	<b>26-216.30</b>
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This Part involves: (1) counts of Forms SSP 4A, "Application and Verification for Special Circumstances Allowances" covering applications received and applications disposed of during the month, and (2) cumulation of the approved dollar amounts (rounded to nearest dollar) shown on Form SSP 4A. (Ref.: EAS 46-425)

Because of the interrelationship between various circumstances and amounts of allowances that may be authorized, each line item instruction in Part B., Section II, includes a reference to the corresponding EAS manual section. It is highly desirable that county reporting staff become thoroughly familiar with those manual sections in order to assure proper reporting of data required for each item.

**I. APPLICATIONS FOR SCA**

1. **Pending from preceding month** - Enter the number of applications for SCA which were carried over (not disposed of) from the preceding month. Entry will be the same as Item 5, prior month or explain in a footnote.
2. **Received during the month** - Enter the number of Forms SSP 4A completed by applicants and filed with the county welfare department during the month.
3. **Total on hand during the month** - Enter the sum of the entries in Items 1 and 2.
4. **Disposed of during the month** - Enter the number of Forms SSP 4A on which final action was taken during the month. CWD approvals (4a) plus disapprovals (4b) plus withdrawals or cancellation (4c).
5. **Pending, end of month** - Enter the number of SCA applications on hand (not disposed of) at the end of the report month. (Item 3 minus Item 4).

<b>26-216.30 PART B. SPECIAL CIRCUMSTANCES ALLOWANCES (SCA)</b> (Continued)	<b>26-216.30</b>
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## II. ALLOWANCES AND EXPENDITURES

6. **Total** - Enter the total number and dollar amount of allowances during the report month (sum of Items 7-13). Because two or more types of SCA allowances may be approved on the basis of a single application, the total "Allowances" in this section will not necessarily agree with the number of approved applications reported in Item 4a. If an allowance for catastrophe includes both: (a) Household furniture and equipment and (b) Clothing, it would be reported as an allowance in each of the Items 7a and 7b, but as **ONE** allowance in Item 7.

Similarly, if an allowance includes household furniture and equipment, Housing repairs \$300 and under, and Supplemental moving allowances to secure rental housing, it would be reported as **ONE** allowance in each of the Items 7, 7a, 8, 8a, and 11. Only under this procedure can correct line-item averages be computed.

Dollar amounts, reported in Column 2 are not duplicative and are readily assigned to the proper line items. **ROUND ALL DOLLAR AMOUNTS TO THE NEAREST WHOLE DOLLAR.**

7. **Catastrophe** - In the allowances column (Col. 1) enter the total number of allowances approved for the two catastrophic circumstances identified in Items 7a and 7b. In the "Expenditures" column (Col. 2) enter the sum of the amounts reported in Items 7a and 7b. (Ref.: EAS 46-425.6)
- 7a. **Household Furniture and Equipment** - Enter the number and amounts of allowances approved for household furniture and equipment. (Ref.: EAS 46-425.612)
- 7b. **Clothing** - Enter the number and amounts of allowances approved for clothing. (Ref.: EAS 46-425.62)
8. **Repairs (\$300 Maximum)** - Enter the number and amounts of allowances approved for the repair categories (\$300 and under) identified in 8a and 8b. (Ref.: EAS 46-425.6)
- 8a. **Housing** - Enter the number and amounts of allowances approved for housing repairs. (Ref.: EAS 46-425.63)
- 8b. **Essential Appliances** - Enter the number and amounts of allowances approved for repair of essential appliances. (Ref.: 46-425.61)

<b>26-216.30 PART B. SPECIAL CIRCUMSTANCES ALLOWANCES (SCA)</b> (Continued)	<b>26-216.30</b>
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9. **Supplemental Repairs (additional \$450)** - Enter the number and amounts of allowances approved for supplemental repairs identified in 9a and 9b. This is an additional allowance for repairs/replacement of housing and essential appliances. (Ref.: EAS 46-425.64)

9a. **Housing** - Enter the number and amounts of allowances approved for supplemental housing repairs.

EXAMPLE: An application is approved for the repair of a roof in the amount of \$365. Report one allowance in 8a, col. 1, and the amount of \$300 in 8a, col. 2. Also report one allowance in 9a, col. 1, and the amount of \$65 in 9a, col. 2.

9b. **Essential Appliances** - Enter the number and amounts of allowances approved for supplemental essential appliance repairs.

10. **Moving Expense** - Enter the number and amounts of allowances approved for packing, storage and moving expenses. (Ref.: EAS 46-425.65)

11. **Supplemental Moving Expense** - Enter the number and amount of allowances approved for securing suitable housing. (Ref.: EAS 46-425.66)

12. **Home Modification** - Enter the number and amount of allowances approved for home modifications. (Ref.: EAS 46-425.67)

13. **Payment to Prevent Foreclosure** - Enter the number and amount of allowances approved to prevent foreclosure. (Ref.: EAS 46-425.68)

**26-216.90 FORM ABD 216**

**26-216.90**

Fill in the information requested at the top and bottom of the report form and show the figures required for each item. Zero entries need not be made.



## FORM ABD 216

STATE OF CALIFORNIA—HEALTH AND WELFARE—AGENCY \_\_\_\_\_ DEPARTMENT OF SOCIAL SERVICES

Send One Copy To: Department of Social Services  
Statistical Services  
744 P Street, Mail Station 19-81  
Sacramento, CA 95814

**ADULT PROGRAMS**  
**MONTHLY STATISTICAL REPORT**

COUNTY \_\_\_\_\_ FOR MONTH ENDING, MONTH \_\_\_\_\_ DAY \_\_\_\_\_ YEAR 2 \_\_\_\_\_

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**PART A. REQUESTS FOR CERTIFICATION - OUT-OF-HOME CARE**

REQUESTS	
1. Pending from preceding month .....	3
2. Received during the month .....	4
3. Total on hand during the month (1 + 2) .....	5
4. Disposed of during the month (a + b + c) .....	6
a. Allowed, certified to Social Security Administration .....	7
b. Denied .....	8
c. Withdrawn or cancelled .....	9
5. Pending, end of month (3 minus 4) .....	12
6. Length of time to dispose of requests reported in Item 4 .....	13
a. 13 working days or less .....	12
b. Over 13 working days .....	13

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**PART B. SPECIAL CIRCUMSTANCES ALLOWANCE (S.C.A.)**

**I. APPLICATIONS FOR S.C.A.**

APPLICATIONS	
1. Pending from previous month .....	14
2. Received during the month .....	15
3. Total on hand during the month (1 + 2) .....	16
4. Disposed of during the month (a + b + c) .....	17
a. Approved .....	18
b. Disapproved .....	19
c. Withdrawn or cancelled .....	20
5. Pending, end of month (3 minus 4) .....	21

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**II. ALLOWANCES AND EXPENDITURES**

	ALLOWANCES (1)	EXPENDITURES (2)
6. Total (sum of 7 through 13) .....	22	23
7. Catastrophe (column 2, a + b) .....	24	25
a. Household furniture and equipment .....	26	27
b. Clothing .....	28	29
8. Repairs-maximum \$300 (column 2, a + b) .....	30	31
a. Housing .....	32	33
b. Essential appliances .....	34	35
9. Supplemental repair-additional \$450 (column 2, a + b) .....	36	37
a. Housing .....	38	39
b. Essential appliances .....	40	42
10. Moving expense .....	42	43
11. Supplemental moving expense .....	44	45
12. Home modification .....	46	47
13. Payment to prevent foreclosure .....	48	49

PERSON TO CONTACT REGARDING THIS REPORT \_\_\_\_\_ TELEPHONE ( ) \_\_\_\_\_ DATE REPORT PREPARED \_\_\_\_\_

ABD 216 (7/89)

26-217 REFUGEE DEMONSTRATION PROJECT (RDP) - CASH GRANT 26-217  
CASELOAD MOVEMENT REPORT (FORM RS 237 RDP)

26-217.01 CONTENT 26-217.01

This report provides monthly data on the movement of cases and the number of individuals participating in the RDP who received a cash grant during the report month.

26-217.02 PURPOSE 26-217.02

The purpose of this data is: 1) to provide county, state and federal administrators with information needed for budgeting, staffing, program planning and for other administrative responsibilities; 2) to evaluate the success of the RDP; and 3) to provide data for federal reports.

26-217.03 DISTRIBUTION 26-217.03

Data from these reports are compiled into monthly summaries for use by departmental managers, and State Legislature, and other interested agencies and individuals.

26-217.04 DUE DATE 26-217.04

Reports are due in Sacramento no later than the 20th calendar day of the month following the report month. If the due date falls on a Saturday, Sunday or holiday, the due date will be the following work day. Send report to:

State Department of Social Services  
Statistical Services Section  
744 P Street, Mail Station 19-81  
Sacramento, CA 95814

If the report will be either delayed or incomplete in any way, please contact the Statistical Services at (916) 322-2230 or ATSS 492-2230.

26-217.05 DEFINITIONS 26-217.05

Case: For the purpose of this report, a case is defined as a cash assistance case that contains at least one time-eligible refugee.

<b>26-217.10</b>	<b>INSTRUCTIONS</b>	<b>26-217.10</b>
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<b>26-217.20</b>	<b>PART A. APPLICATIONS FOR AID AND REQUESTS FOR RESTORATION</b>	<b>26-217.20</b>
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Part A summarizes intake activity during the report month with respect to applications for aid and requests for restoration, as defined in Manual Section 40-103.4.

1. **Pending from last month** - Enter the number of applications pending from previous month. If not the same figure as Item 5 previous month, explain in footnote.
2. **Received during the month** - Enter the sum of 2a and 2b.
  - 2a. **Applications** - For reporting purposes, a request for aid is considered an application when it has been received and recorded by the county, usually on intake form CA 1 (formerly WR 1), Application for Public Social Services. Exclude applications received from recipients whose aid is being transferred from another county, or interprogram transfers between RDP and AFDC. Applications made for aid to another county shall be reported by the county of applicant's residence, not by the county whose aid is requested. Enter all applications in the appropriate column.
  - 2b. **Requests for Restoration** - An application for aid is considered a request for restoration when the applicant has been a recipient under the same program in the same county within the last 12 months. Include Four-Month Continuing Medi-Cal Eligibility cases requesting restoration to cash grant. Enter the number of requests for restoration in the appropriate column. Exclude requests for restoration received from recipients whose aid is being transferred from another county, or interprogram transfers between RDP and AFDC.
3. **Total during the month** - Enter sum of Items 1 and 2.
4. **Disposed of during the month** - Enter sum of 4a, 4b, and 4c.
  - 4a. **Approved**

Cash Grant - Enter the number of applications and restoration requests approved for cash grant. Entry must equal Items 7a and 7b.
  - 4b. **Denied** - Enter the number of applications and restoration requests denied.

**26-217.20 PART A. APPLICATIONS FOR AID AND  
REQUESTS FOR RESTORATION (Continued)**

26-217.20

- 4c. **Other Dispositions (cancellations and withdrawals)** - Enter the number of applications and restoration requests cancelled, withdrawn, or otherwise disposed of without approval.
5. **Investigation proceeding at end of the month** - Enter number of applications and requests for restoration pending at end of month. Entry will equal the difference between total applications and restoration requests during the month and number disposed of. Item 3 less Item 4.
6. **Cases brought forward from last month** - Entry will equal Item 10 of previous month's report or be explained in a footnote. Changes in caseload resulting from actions authorized in prior months and not previously reported are shown as adjustments to Item 6 and are not to be reported in Item 7e.
7. **Cases added during month** - Enter sum of Items 7a through 7e.

Note: Report an action which falls within the definition of both a restoration and an interprogram transfer between RDP and AFDC in Item 7d and not in Item 7b. In addition, report intercounty transfers in Item 7c and not in Items 7a or 7b.

- 7a. **Applications approved** - Enter number of applications approved for cash grant.
- 7b. **Restorations** - Enter number of restoration requests approved. Report an action which falls within the definition of both a restoration and an interprogram transfer between RDP and AFDC in Item 7d and not in Item 7b.
- 7c. **Transfers from other counties** - Enter number of cases for which reporting county accepted responsibility for payment of aid during report month.
- 7d. **Other transfers-in**

(1) **Enter**

in column 1 the number of cases transferred to RDP(FG) - from AFDC(FG), column 3.

in column 2 the number of cases transferred to RDP(U) - from AFDC(U), column 4.

in column 3 the number of cases transferred to AFDC(FG) from RDP(FG), column 1.

in column 4 the number of cases transferred to AFDC(U) from RDP(U), column 2.

<b>26-217.20</b>	<b>PART A. APPLICATIONS FOR AID AND REQUESTS FOR RESTORATION (Continued)</b>	<b>26-217.20</b>
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(2) Enter

in column 1 the number of cases transferred to RDP(FG) - by change in aid category from the RDP(U) - segment;

in column 2 the number of cases transferred to RDP(U) - by change in aid category from the RDP(FG) - segment;

<b>26-217.30</b>	<b>PART B. CASELOAD</b>	<b>26-217.30</b>
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7e. Other approvals - Enter number of cases approved for reasons other than 7a through 7d, including:

- o To approve aid on appeal cases.
- o To restore aid to cases erroneously denied or discontinued.
- o To restore CA 7 (formerly WR 7) discontinuances where completion of new application is not deemed necessary.
- o To add to the number of CAUs by splitting an existing CAU.

Changes in caseload resulting from actions authorized in prior months and not previously reported are not to be reported in Item 7e but are shown as adjustments to Item 6.

8. Total cases open during the month - Enter number of cases active during the report month; this is, those cases where an official authorization for aid was in effect at some time during the month. Sum of Item 6 plus Item 7; also sum of 8a and 8b.

8a. Cases receiving cash grants - Enter in the appropriate columns in number of cases on the current month's payrolls. (This figure may also be determined arithmetically by subtracting a count of the number of cases not receiving aid from the total number of active cases. If this method is used, an actual count of cases receiving aid must be obtained from the payrolls at least once every six months to verify the figures being reported.)

(1) Persons in Item 8a - Enter the number of persons receiving a cash grant during the current month only.

## 26-217.30 PART B. CASELOAD (Continued)

26-217.30

(2) **Time-eligible persons in Item 8a cases** - Enter the number of time-eligible persons only receiving a cash grant during the current month.

8b. **Other cases** - Enter the number of cases not paid aid but which had in effect during the report month an authorization to receive aid. Include the following cases:

Note: Cases approved for aid during the report month that will receive an initial warrant dated the following month.

Cases with an authorization to receive aid discontinued during the report month, and the warrant either cancelled or not written.

Cases in which the authorization for the report month was a zero grant to adjust for an overpayment.

9. **Total cases terminated or changed in status during month** - Enter sum of Items 9a and 9c.

9a. **36-months time-expired cases** - Enter the number of cases in columns 1 and 2, in which aid to the entire case was terminated due to the 36-months time limitation.

9b. **36-months time-expired persons** - Enter the number of persons in column 1 and 2, whose RDP-funded aid was terminated due to the 36-months time limitation, whether or not the entire case was discontinued.

9c. **Other cases terminated or changed in status** - Enter the number of cash grant cases terminated during the report month by action of the delegated agent of the board of supervisors and those cases whose status was changed by interprogram transfers between RDP and AFDC. Terminations include cases in which aid was discontinued and those removed from the program segment for other reasons.

A case is reported in Item 9c when it ceases to be an active case in a program, program segment, or component because of termination, intercounty transfer, or interprogram transfer between RDP and AFDC.

Include cases discontinued from a given segment by reasons for transfer to another segment; for example, RDP to AFDC or vice versa. Another example to be included would be a change in aid category from FG, U within RDP. Include cases (FBUS) terminated by merger with other cases.

10. **Cases carried forward to next month (8 minus 9)** - Enter the number of cases carried forward to next month.

26-217.90 FORM RS 237 RDP

Fill in the information requested at the top and bottom of the report form and show the figures required for each item. If there is nothing to report on an item, enter "0"; however, if there is nothing to report on any of the items in Part A or Part B, draw a line across the entire Part - zero entries need not be made in this instance.

## FORM RS 237 RDP

STATE OF CALIFORNIA - HEALTH AND WELFARE AGENCY		DEPARTMENT OF SOCIAL SERVICES	
REFUGEE DEMONSTRATION PROJECT (RDP) CASH GRANT		SEND ONE COPY TO: Department of Social Services Statistical Services 744 P Street, M.S. 19-81 Sacramento, CA 95814	
CASELOAD MOVEMENT REPORT		STATE USE ONLY COUNTY CODE	FOR MONTH ENDING (MONTH/DAY/YEAR)
COUNTY			
<b>PART A. APPLICATIONS FOR AID AND REQUESTS FOR RESTORATION</b>		<b>RDP</b>	
		FG (1)	U (2)
1. Pending from last month (Item 5 from last month or explain) .....			
2. Received during the month (Sum of a + b below) .....			
a. Applications .....			
b. Requests for restoration .....			
3. Total during the month (Sum of 1 + 2) .....			
4. Disposed of during the month (Sum of a + b + c, below) .....			
a. Approved (Same as sum of 7a + 7b) .....			
b. Denied .....			
c. Other dispositions (Cancellations and withdrawals) .....			
5. Investigation proceeding at end of the month (3 minus 4) .....			
<b>PART B. CASELOAD</b>		<b>AFDC</b>	
		FG (1)	U (2)
6. Cases brought forward from last month (Item 10 last month or explain) .....			
7. Cases added during month (Sum of a through e, below)			
a. Applications approved .....			
b. Restorations .....			
c. Transfers from other counties .....			
d. Other transfers-in (Sum of (1) and (2), below) .....			
(1) Interprogram transfer from RDP-AFDC .....			
(2) Change in aid category from FG or U segment .....			
e. Other approvals .....			
8. Total cases open during the month (Sum of 6 and 7, above; also a and b, below) .....			
a. Cases receiving cash grants .....			
(1) Persons in Item 8a cases .....			
(2) Time-eligible persons in Item 8a cases .....			
b. Other cases .....			
9. Total terminated or changed in status during month (Sum of a + c, below) .....			
a. 24-months time-expired cases .....			
b. 24-months time-expired persons .....			
c. Other cases terminated or changed in status .....			
10. Cases carried forward to next month (8 minus 9) .....			
REPORT PREPARED BY	TELEPHONE	DATE	
RS 237 RDP (4/89)			

(See Instruction Page)



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<b>Handbook</b>	<b>STATISTICAL REPORTS REPORTS - PUBLIC ASSISTANCE</b>	<b>26-218.04</b>
<b>26-218</b>	<b>AFDC - FAMILY GROUPS AND UNEMPLOYED REPORT ON REASONS FOR DISCONTINUANCE OF CASH GRANT (FORM ABCD 253)</b>	<b>26-218</b>

<b>26-218.01</b>	<b>CONTENT</b>	<b>26-218.01</b>
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This report provides monthly data on cash grant cases terminated from the AFDC-FG and AFDC-U segments of the AFDC program, classified by primary reason for discontinuing aid.

<b>26-218.02</b>	<b>PURPOSE</b>	<b>26-218.02</b>
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The purpose of this report is to provide data on discontinued cash grant cases for analysis of caseload trends and changes, statewide and by county. Data on cases being closed reflects the result of casework and administrative policies and practices, of recipient training and education, and of economic, social and other conditions which influence dependency.

<b>26-218.03</b>	<b>DISTRIBUTION</b>	<b>26-218.03</b>
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Information gathered in this report is compiled for use in reporting to the U.S. Department of Health and Human Services.

<b>26-218.04</b>	<b>DUE DATE</b>	<b>26-218.04</b>
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Reports are due in Sacramento no later than the 12th working day of the month following the end of each report month. Send report to:

State Department of Social Services  
Statistical Services  
744 P Street, Mail Station 19-81  
Sacramento, CA 95814

**26-218.10 GENERAL INSTRUCTIONS****26-218.10**

When a cash grant case is discontinued, the primary reason for discontinuance is to be reported on Form ABCD 253. One form covering the two segments of the AFDC program is to be submitted each month.

Reasons for discontinuance have been categorized, and grouped accordingly, to correspond with the specific reason classifications required for federal reporting and are part of these instructions (see Discontinuance Reason Code Classification List: 26-218.90). In those cases where more than one reason is applicable, the reason that is considered most important by the caseworker as having the greatest effect in the closing of the case will apply. Individual discontinuance are to be classified according to the reason for discontinuance included in the written notification to the recipient that the money payment is being discontinued.

**26-218.11 ITEM INSTRUCTIONS****26-218.11**

**Total Cases Discontinued** - Enter the total number of discontinuances. This item must equal the sum of Items 1 through 8 and must equal the month total of Item 9 (terminated or changed in status during the month) of Form CA 237 FG/U. The reporting of the number of recipients in cases discontinued is optional.

1. **No longer eligible child** - Enter the number of discontinuances that occurred because there is no longer an eligible child in the home. Include the following applicable reason codes as indicated on the Discontinuance Reason Code Classification List: Codes 01, 44, 46, 47, 48.
2. **No longer deprived of support or care** - Enter the number of discontinuances that occurred because the child is no longer deprived of parental care or support. Include the following applicable reason codes as indicated on the Discontinuance Reason Code Classification List: Codes 40, 45.
3. **Resources exceed limits** - Enter the number of discontinuances that occurred because the recipient family's resources and/or property now exceeds limits permitted for AFDC eligibility. Include the following applicable reason codes as indicated on the Discontinuance Reason Code Classification List: Codes 33, 34.
4. **Income exceeds requirements:**
  - a. **Earnings increased** - Enter the number of discontinuances that occurred because of excessive income due to increased earnings. Include the following applicable reason codes as indicated on the Discontinuance Reason Code Classification List: Codes 05, 06, 07, 08, 09.

**26-218.11 ITEM INSTRUCTIONS (Continued)****26-218.11**

- b. **Benefits or pensions increased** - Enter the number of discontinuances that occurred because of excessive, income due to increased benefits or pensions. Include the following applicable reason codes as indicated on the Discontinuance Reason Code Classification List: Codes 22, 23, 24, 27, 28, 29, 32.
- c. **Support from person inside home increased** - Enter the number of discontinuances that occurred because of excessive income due to increased support from person outside the home. Include the following applicable reason codes as indicated on the Discontinuance Reason Code Classification List: Codes 17, 18.
- d. **Support from person outside home** - Enter the number of discontinuances that occurred because of excessive income due to increased support from person outside the home. Include the following applicable reason codes as indicated on the Discontinuance Reason Code Classification List: Codes 19, 21.
- e. **Requirements reduced** - Enter the number of discontinuances that occurred because of excessive income due to a reduction in requirements. Include the following applicable reason codes as indicated on the Discontinuance Reason Code Classification List: Codes 36, 37, 39.
- 5. **Moved or cannot locate** - Enter the number of discontinuances that occurred because the recipient moved or because the agency was unable to establish the whereabouts of the family or contact them for information essential to their continuation in the AFDC program. Code 98.
- 6. **Recipient initiative** - Enter in this item the number of discontinuances due to the recipient's initiative including voluntary withdrawal by the recipient family, refusal to comply with procedural requirements, etc. Include the following applicable reason codes as indicated on the Discontinuance Reason Code Classification List: Codes 50, 52, 53, 54, 55, 56, 59, 60, 61, 70, 97.
- 7. **Transferred to another program segment:**
  - a. To AFDC-FG from AFDC-U Code 93
  - b. To AFDC-U from AFDC-FG, Code 94
  - c. To AFDC-FC from AFDC-FG or U, Code 95
- 8. **Transferred to Another County, Code 96**

26-218.11	ITEM INSTRUCTIONS (Continued)	26-218.11
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9. To be used only on instructions from the State Department of Social Services:

- a. Code 90
- b. Code 91
- c. Code 92

26-218.90	FORM ABCD 253 AND DISCONTINUANCE REASON CODE CLASSIFICATION LIST	26-218.90
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Fill in the information requested at the top and bottom of the report form and show the figures required for each item. Zero entries need not be made.

26-218.90	FORM ABCD 253 AND DISCONTINUANCE REASON CODE CLASSIFICATION LIST (Continued)	26-218.90
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Recap of Code Changes for  
AFDC - Family Groups and Unemployed  
Report on Reasons for Discontinuances

ABCD 253

<u>ABCD 253 (6/72)</u>	<u>ABCD 253 (10/74)</u>
03	Deleted
04	Deleted
20	Deleted
None	24
35	33 & 34
38	Deleted
None	70
57	60 & 61
None	62
90, 91 & 92	Old definition deleted - codes now for special use only

All existing codes not listed in ABCD 253 (6/72) column remain the same.

26-218.90 FORM ABCD 253 AND DISCONTINUANCE REASON CODE  
CLASSIFICATION LIST (Continued)

26-218.90

## FORM ABCD 253

STATE OF CALIFORNIA — HEALTH AND WELFARE AGENCY		DEPARTMENT OF SOCIAL SERVICES	
<b>AFDC—FAMILY GROUPS AND UNEMPLOYED</b> <b>REPORT ON REASONS FOR DISCONTINUANCE OF CASH GRANT</b>		<b>Send one copy to:</b> DEPARTMENT OF SOCIAL SERVICES STATISTICAL SERVICES 744 P STREET, MAIL STATION 19-81 SACRAMENTO, CALIFORNIA 95814	
		COUNTY _____	
		FOR MONTH ENDING (MONTH, DAY, YEAR) _____	
<b>ITEM</b>		<b>AFDC</b>	
<b>REASONS FOR DISCONTINUANCE OF CASH GRANTS:</b>		<b>FG</b>	<b>U</b>
Total cases discontinued (Same as Item 9, Form CA 237 FG/U) .....			
(Number of recipients: _____ ) (OPTIONAL)			
1. No longer eligible child .....			
2. No longer deprived of support or care .....			
3. Resource exceeds limits .....			
4. Income exceeds requirements:			
a. Earnings increased .....			
b. Benefits or pensions increased .....			
c. Support from person inside home increased .....			
d. Support from person outside home increased .....			
e. Requirements reduced .....			
5. Moved or cannot locate .....			
6. Recipient initiative .....			
(Number of cases discontinued due to CA 7 noncompliance: _____ )			
7. Transferred to another program segment:			
a. AFDC-FG .....			
b. AFDC-U .....			
c. AFDC—FC .....			
8. Transferred to another county .....			
9. To be used only on instructions from the Department of Social Services:			
a. ....			
b. ....			
c. ....			
REPORT PREPARED BY _____		TELEPHONE NUMBER _____	DATE PREPARED _____
ABCD 253 (3/88)		Ref.-M.P.P. 26-218	

26-218.90	FORM ABCD 253 AND DISCONTINUANCE REASON CODE CLASSIFICATION LIST (Continued)	26-218.90
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DISCONTINUANCE REASON CODE CLASSIFICATION LIST  
FOR FORM ABCD 253

1. No longer eligible child

Code	Reason for Discontinuance
01	Discontinuance due to death
44	Became resident of public institution
46	Change in law or agency policy
47	No longer an eligible child in home
48	Loss of residence

2. No longer deprived of support or care

Code	Reason for Discontinuance
40	Parent no longer incapacitated
45	Parent returned to home or remarried

3. Resources exceed limits

Code	Reason for Discontinuance
	(Other change income or resources)
33	Real Property
34	Personal Property

26-218.90	FORM ABCD 253 AND DISCONTINUANCE REASON CODE CLASSIFICATION LIST (Continued)	26-218.90
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DISCONTINUANCE REASON CODE CLASSIFICATION LIST  
FOR FORM ABCD 253 (Continued)

4. Income exceeds requirements

a. Earnings increased

Employment or increased earnings of persons in home:

Code	Reason for Discontinuance
------	---------------------------

05	Father
----	--------

06	Mother
----	--------

07	Child
----	-------

08	Stepfather
----	------------

09	Other person in home
----	----------------------

b. Benefits or pensions increased

Code	Reason for Discontinuance
------	---------------------------

22	OASDI
----	-------

23	Other federal program
----	-----------------------

24	Veterans Benefits
----	-------------------

27	Unemployment or disability insurance benefit
----	--

28	Other state and local program
----	-------------------------------

29	Nongovernmental program
----	-------------------------

32	Other change in income
----	------------------------



Handbook	STATISTICAL REPORTS REPORTS - PUBLIC ASSISTANCE	26-218.90 (Cont.)
26-218-90	FORM ABCD 253 AND DISCONTINUANCE REASON CODE CLASSIFICATION LIST (Continued)	26-218.90

DISCONTINUANCE REASON CODE CLASSIFICATION LIST  
FOR FORM ABCD 253 (Continued)

4. Income Exceed Requirements (Continued)

c. Support from person inside home increased

Receipt of or increase in support as result of:

Code	Reason for Discontinuance
------	---------------------------

17	Absent parent's return
----	------------------------

18	Remarriage of parent
----	----------------------

d. Support from person outside home increased

Code	Reason for Discontinuance
------	---------------------------

(Receipt of or increase in support from person outside home.)

19	Absent father
----	---------------

21	Other person outside home
----	---------------------------

e. Requirements reduced

Code	Reason for Discontinuance
------	---------------------------

(Change in need.)

36	Change in state law or agency policy relating to determination of need
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37	Decreased need
----	----------------

39	Financial reasons (without a change in income or resources) not listed in Codes 36 or 37.
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STATISTICAL REPORTS		
26-218.90 (Cont.)	REPORTS - PUBLIC ASSISTANCE	Handbook
26-218.90	FORM ABCD 253 AND DISCONTINUANCE REASON CODE CLASSIFICATION LIST (Continued)	26-218.90

DISCONTINUANCE REASON CODE CLASSIFICATION LIST  
FOR FORM ABCD 253 (Continued)

5. Moved or cannot locate

Code	Reason for Discontinuance
------	---------------------------

98	Whereabouts unknown
----	---------------------

6. Recipient initiative

Code	Reason for Discontinuance
------	---------------------------

50	Refuse to comply with property utilization requirements
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52	Refused to participate in WIN
----	-------------------------------

53	Refused to seek work in a program other than WIN
----	--

54	Refused to accept suitable employment - Employment Development Department referral
----	--

55	Refused to accept suitable employment - other source of employment offer
----	--

56	Refused to accept or complete training or education other than under WIN program
----	--

59	Refused to comply with procedural requirement not listed in Codes 50 through 70
----	---

60	Refused to provide CA 7 related information
----	---

61	Refused to provide essential information (non-CA 7 related)
----	---

70	Refused to register with the Employment Development Department for employment, manpower services, or training
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97	Discontinued at Recipient's Request
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STATISTICAL REPORTS		
Handbook	REPORTS - PUBLIC ASSISTANCE	26-218.90
26-218.90	FORM ABCD 253 AND DISCONTINUANCE REASON CODE CLASSIFICATION LIST (Continued)	26-218.90

DISCONTINUANCE REASON CODE CLASSIFICATION LIST  
FOR FORM ABCD 253 (Continued)

7. Transferred to another program segment

Code	Reason for Discontinuance
93	To AFDC-FG from AFDC-U
94	To AFDC-U from AFDC-FG
95	To AFDC-FC from AFDC-FG or U

8. Transferred to another county

Code	Reason for Discontinuance
96	Transferred to another county

9. To be used only on instructions from the State Department of Social Services:

Code
90
91
92

26-219 AFDC - FAMILY GROUPS AND UNEMPLOYED REPORT ON DENIALS 26-219  
AND OTHER NONAPPROVALS OF APPLICATIONS FOR CASH GRANT  
(FORM ABCD 255)

This report provides quarterly data on applications and requests for restoration of the AFDC-FG and AFDC-U programs which have been denied or otherwise disposed of without approval, classified by primary reason for action.

The purpose of this report is to provide data for analysis of the reasons for denial or other nonapproval or request for aid. The data will be used in the preparation of estimates concerning the implications of changes in eligibility requirements and in the evaluation of eligibility requirements now in effect.

Information on the reasons for denial or other nonapproval of applications for money payments is required to meet the reporting requirements of the U.S. Department of Health and Human Services.

Reports are to be received in Sacramento not later than the 12th working day of the calendar month following the report month following the end of each calendar quarter: March, June, September, and December. Send report to:

State Department of Social Services  
Statistical Services  
744 P Street, Mail Station 19-81  
Sacramento, CA 95814

## 26-219.06 DEFINITIONS

26-219.06

An application for aid (cash grant) which is not approved may be disposed of by (1) denial, or (2) other nonapproval. A finding that an applicant is ineligible to receive a cash grant results in a denial. Also, by regulations, the application of an applicant (1) whose whereabouts are unknown or (2) who has established residence in another state is denied. Removal of the applicant to another county in this state is not a cause or reason for denial; the county receiving the application completes the determination of eligibility and, if appropriate, initiates intercounty transfer procedures. Referral of an applicant to another program or agency is not, in itself, a reason for denial of an application for cash grant.

## 26-219.10 GENERAL INSTRUCTIONS

26-219.10

When an application for cash grant is denied or otherwise disposed of without approval (withdrawal or cancellation), the reason for the action will be reported on Form ABCD 255. One form is to be submitted for each quarter: March, June, September, and December. Only one reason for each application not approved may be reported; it must be chosen from those set forth in the following sections and appearing of the form. If more than one reason is applicable, the reason that is considered most important by the caseworker is to be used. Reasons for denial of AFDC applications have been categorized, and grouped accordingly, to correspond with the specific reasons for denial classifications required for federal reporting and are part of these instructions (see Denial Reason Code Classification List: 26-219.90).

## 26-219.20 PART A. REASONS FOR DENIALS OF CASH GRANT

26-219.20

**Total denials of cash grant** - Enter the number of applications denied aid during the quarter due to ineligibility for a cash grant. Individual denials are to be classified according to the reason included in the written notification to the applicant that the application has been denied. This item will be the sum of Items 1 through 9. Also, Item 1 through 9 must equal the quarterly total of the figures reported in Item 4b on Form CA 237 FG/U.

1. **No eligible child** - Enter in this item the number of denials that resulted from a determination that the applicant had no child who met the specific conditions of eligibility for AFDC. Include the following applicable reason codes as indicated on the Denial Reason Code Classification List: Codes 10, 13, 15, 16, 29.

<b>26-219.20 PART A. REASONS FOR DENIALS OF CASH GRANT (Continued)</b>	<b>26-219.20</b>
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2. **Not deprived of support or care** - Enter in this item the number of denials that resulted from a determination that the child(ren) for whom the application for a cash grant was made was to deprived of parental support or care. Include the following applicable reason codes as indicated on the Denial Reason Code Classification List: Codes 14, 17 (AFDC-U only).
3. **Resource exceeds limits** - Enter in this item the number of denials with a determination made that the applicant had resources in excess of limits permitted for AFDC eligibility: Code 02.
4. **Income exceeds standards** - Enter in this item the number of denials that resulted from a determination that the applicant had income in excess of limits permitted for AFDC eligibility: Code 01.
5. **Failure to comply with procedural requirements** - Enter in this item the number of denials that resulted from the failure of a member of the applicant group to comply with procedural requirement specified for AFDC eligibility. Include the following applicable reason codes as indicated in the Denial Reason Code Classification List: Codes 31, 32, 33, 34, 35, 39.
6. **Undocumented alien** - Enter in this item the number of denials that resulted from a determination that the applicant did not meet the citizenship requirements for AFDC eligibility: Code 19.
7. **Nonresident** - Enter in this item the number of denials that resulted from a determination that the applicant did not meet the residence requirements for AFDC eligibility: Code 18.
8. **Unable to locate or moved** - Enter in this item the number of applications denied because the agency was unable to locate the applicant, the applicant moved to another jurisdiction or state. Include the following applicable reason codes as indicated on the Denial Reason Code Classification List: Codes 40, 41.
9. **State-only AFDC-U eligibility exhausted** - Enter in this item the number of applications for State-only AFDC-U denied because eligibility for the State-only AFDC-U program has expired: Code 50.
10. To be used only on instructions from the State Department of Social Services:
  - a. Code 51
  - b. Code 52
  - c. \_\_\_\_\_

<b>26-219.30</b>	<b>PART B. REASONS FOR NONAPPROVALS OTHER THAN DENIALS</b>	<b>26-219.30</b>
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Enter the number of nonapprovals other than denials. Item 11 must equal the quarterly total of the figures reported in Item 4c on Form CA 237 FG/U.

11. **Application withdrawn** - Enter in this item the number of applications disposed of due to the withdrawal of the application. Include the following applicable reason codes as indicated on the Denial Reason Code Classification List: Code 42, 43.

<b>26-219.90</b>	<b>FORM ABCD 255 AND DENIAL REASON CODE CLASSIFICATION LIST</b>	<b>26-219.90</b>
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Fill in the information requested at the top and bottom of the report form and show the figures required for each item. If there is nothing to report on an item, enter "0"; however, if there is nothing to report on any of the items in Part A or Part B, draw a line across the entire Part - zero entries need not be made in this instance.

26-219.90 FORM ABCD 255 AND DENIAL REASON CODE CLASSIFICATION LIST  
(Continued)

26-219.90

## FORM ABCD 255

STATE OF CALIFORNIA - HEALTH AND WELFARE AGENCY		DEPARTMENT OF SOCIAL SERVICES	
<b>AFDC - FAMILY GROUPS AND UNEMPLOYED REPORT ON DENIALS AND OTHER NONAPPROVALS OF APPLICATIONS FOR CASH GRANT</b>		<i>Send one copy to:</i> DEPARTMENT OF SOCIAL SERVICES STATISTICAL SERVICES BRANCH 744 P STREET, MAIL STATION 12-81 SACRAMENTO, CALIFORNIA 95814	
		COUNTY CODE	COUNTY NAME
		FOR QUARTER ENDING (MONTH, DAY, YEAR)	
ITEM	AFDC		
<b>PART A. REASONS FOR DENIALS OF CASH GRANT</b>	<b>FG</b>	<b>U</b>	
Total denials of cash grant .....			
1. No eligible child .....			
2. Not deprived of support or care .....			
3. Resource exceeds limits .....			
4. Income exceeds standards .....			
5. Failure to comply with procedural requirements .....			
6. Undocumented alien .....			
7. Nonresident .....			
8. Unable to locate or moved .....			
9. State-only AFDC-U eligibility exhausted .....		STATE-ONLY AFDC-U	
10. To be used only on instructions from the Department of Social Services:			
a. ....			
b. ....			
c. ....			
<b>PART B. REASONS FOR NONAPPROVALS OTHER THAN DENIALS</b>	<b>FG</b>	<b>U</b>	
11. Application withdrawn .....			
PERSON TO CONTACT REGARDING THIS REPORT		TELEPHONE	DATE PREPARED
ABCD 255 (12/84)			



26-219.90	FORM ABCD 255 AND DENIAL REASON CODE CLASSIFICATION LIST (Continued)	26-219.90
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DENIAL REASON CODE CLASSIFICATION LIST  
FOR FORM ABCD 255

1. No eligible child

Code	Reason for Denial
10	Age
13	Living in a public nonmedical institution
15	Child not living with relative of required relationship
16	Child not enrolled in school (18 year olds only)
29	Other (do not use if applicable reason is listed above)

2. Not deprived of support or care

Code	Reason for Denial
14	Child not deprived of parental support or care
17	Parent not unemployed (AFDC-U only)

3. Resource exceeds limits

Code	Reason for Denial
02	Other resources exceed allowable limits

4. Income exceeds standards

Code	Reason for Denial
01	Income exceeds allowable limits

26-219.90 FORM ABCD 255 AND DENIAL REASON CODE CLASSIFICATION LIST 26-219.90  
(Continued)

DENIAL REASON CODE CLASSIFICATION LIST  
FOR FORM ABCD 255 (Continued)

5. Failure to comply with procedural requirements

Code	Reason for Denial
31	Relatives' responsibility provision
32	Refused to register for and to seek work
33	Refused suitable work, referred by Employment Development Department
34	Refused suitable work, other source of employment
35	Refused to accept training or education
39	Other refusal to comply with requirements

6. Undocumented alien

Code	Reason for Denial
19	Ineligible because of alien status

7. Nonresident

Code	Reason for Denial
18	Does not meet residence requirements

8. Unable to locate or moved

Code	Reason for Denial
40	Unable to locate
41	Established residence in another state

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STATISTICAL REPORTS		
26-219.90 (Cont.)	REPORTS - PUBLIC ASSISTANCE	Handbook
26-219.90	FORM ABCD 255 AND DENIAL REASON CODE CLASSIFICATION LIST (Continued)	26-219.90

DENIAL REASON CODE CLASSIFICATION LIST  
FOR FORM ABCD 255 (Continued)

9. State-only AFDC-U eligibility exhausted

Code	Reason for Denial
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50	Ineligible for State-only AFDC-U because eligibility is exhausted
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10. To be used only on instructions from the State Department of Social Services

Code
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51
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52
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Reason for Nonapprovals Other Than Denials

11. Application withdrawn

Code	Reason for Nonapproval
------	------------------------

42	Death of applicant or dependent child
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43	Withdrawal of application by applicant
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	STATISTICAL REPORTS	
Handbook	REPORTS - PUBLIC ASSISTANCE	26-221.04

**STATISTICAL REPORTS**  
**REPORTS - PUBLIC ASSISTANCE**

26-221.04

26-221 ANNUAL RECIPIENT REPORT ON AFDC, SOCIAL SERVICES,  
GAIN, AND NONASSISTANCE FOOD STAMP - ETHNIC  
ORIGIN AND PRIMARY LANGUAGE (FORM ABCD 350)

26-221

26-221.01    CONTENT

26-221.01

This report provides annual data on ethnic origin and primary language on AFDC, Social Services, GAIN, and Nonassistance Food Stamp recipients.

**26-221.02 PURPOSE**

26-221.02

The data collection is necessary for (1) identifying problems regarding delivery of equal services to recipients, (2) providing management with data needed for measuring the effects and accomplishments of County "Bilingual Services" Programs, and (3) measuring compliance with Division 21 requirements.

## 26-221.03 DISTRIBUTION

26-221.03

Data from this report will be compiled and released to program managers, Civil Rights Bureau, and other interested persons and agencies.

## 26-221.04 DUE DATE

26-221.04

The report is to be received in Sacramento as soon as possible after the last day of the report month of April, but no later than 45 days following the report month. Send reports to:

State Department of Social Services  
Statistical Services  
744 P Street, Mail Station 19-81  
Sacramento, CA 95814

When data are unavailable, or have not been reconciled, transmit a report by the due date containing all available information. Attach a note indicating when the Department can expect to receive the rest of the report. Forward missing data as soon as available.

**26-221.06 ETHNIC ORIGIN DEFINITIONS****26-221.06**

**White** (Not of Hispanic origin) - All persons having origins in any of the original peoples of Europe, North Africa, or the Middle East.

**Hispanic** - All persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.

**Black** - (Not of Hispanic origin) - All persons having origins in any of the black racial groups of Africa.

**Asian or Pacific Islander** - All persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent, or the Pacific Islands. This area includes, for example, China, Japan, Korea, and Samoa. Although persons of Filipino descent would normally be included under this category, because of a State requirement, Filipinos will be reported separately under the ethnic category, "Filipino."

**American Indian or Alaskan Native** - All persons having origins in any of the original peoples of North America and who maintain cultural identification through tribal affiliation or community recognition.

**Filipino** - Persons whose ancestry or ethnic origin is of the Philippine Islands.

**26-221.10 INSTRUCTIONS****26-221.10**

The report month will be for April each year.

**26-221.11 ETHNIC ORIGIN AND PRIMARY LANGUAGE PROCEDURE****26-221.11**

Ethnic origin and primary language are to be determined by asking the applicant or recipient filling out the appropriate section of the application form. If the applicant or recipient does not provide the information, it is the responsibility of the welfare department to make a determination based on observation and to record the necessary data.

**26-221.12 SOCIAL SERVICES****26-221.12**

Social Services are defined as those activities imposed by the requirements of Title XX of the Social Security Act dealing with social services for families and adults.

<b>26-221.20 PART A. ETHNIC ORIGIN (CASES)</b>	<b>26-221.20</b>
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Applicable only to AFDC, Social Services, NAFS and GAIN recipients. Applications not yet determined eligible during the report month are not to be reported.

For each ethnic category, in the applicable column, report the number of cases receiving AFDC, Social Services, NAFS or GAIN services.

**AFDC**

The ethnic origin of the head of household should be used regardless of other members of the recipient's family in the same household. Report such case in only one ethnic category.

Total case count for the AFDC (FG, U, FC) column must equal the total cases reported in Item 8a, Form CA 237 FG/U and Item 8a, Form CA 237 FC for the same report month.

**Social Services**

The social services system consists of twenty-one (21) services programs. Eight (8) of these programs are mandated and thirteen (13) are optional based on local needs, priorities and resources. The eight mandated and thirteen optional social services are as follows:

**Mandated Services**

- Information and Referral
- Emergency Response
- Family Maintenance
- Family Reunification
- Permanent Placement
- Out-of-Home Care for Adults
- In-Home Supportive Services
- Protective Services for Adults

**26-221.20 PART A. ETHNIC ORIGIN (CASES) (Continued)**

**26-221.20**

**Optional Services**

Special Care for Children in Their Own Homes  
Home Management and Other Functional Educational Services  
Employment/Education Training  
Services for Children with Special Problems  
Services to Alleviate or Prevent Family Problems  
Sustenance  
Housing Referral Services  
Legal Referral Services  
Diagnostic Treatment Services for Children  
Special Services for the Blind  
Special Services for Adults  
Services for Disabled Individuals  
Services to County Jail Inmates

Report all cases who actually received one or more social services (in the report month) provided directly by the County Welfare Department. Do not include cases for which services are purchased from other organizations and facilities or for which only information and/or referral services are given.

Report each case only once regardless of the number of different services provided during the report month. Cases reported can be from the same family budget unit; however, each case must have received a separate social service.

Total case count for the Social Services column must be consistent with each county's social services reporting under Title XX of the Social Security Act.

For purposes of the ABCD 350 report, the total for Social Services should be a case count from all programs.

**NAFS**

The ethnic origin of the head of household should be used regardless of other members of the recipient's family in the same household. Report each case in only one ethnic category.

Total case count for the Nonassistance Food Stamp column must agree with the total reported on DFA-256, Item 1.a., Column (B) for the same report month.

<b>26-221.20 PART A. ETHNIC ORIGIN (CASES) (Continued)</b>	<b>26-221.20</b>
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**GAIN**

The total case count for the GAIN column must equal the total case count reported in Line A,6 (all three columns) Form GAIN 25 for the same report month.

<b>26-221.30 PART B. PRIMARY LANGUAGE SPOKEN (CASES)</b>	<b>26-221.30</b>
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This part of the report applies to the primary language. A primary language is that language which must be used in order to effectively communicate. If the person can effectively communicate in English and another language, English should be noted as their primary language.

For the primary language spoken, in the applicable column, report the number of **cases** for each category.

Report **only** the recipient or head of household and **not** members of the recipient's or head of household's family.

Report only one primary language for each case.

Specify in a footnote, by language and number of cases, any entries in the Other Non-English columns.

Total case count for the AFDC (FG, U, FC) column must equal the total cases reported in Item 8a, Form CA 237 FG/U and Item 8a, Form CA 237 FG/U and Item 8a, Form CA 237 FC for the same report month. For the same report month.

Total case count for the Social Services column must be consistent with each county's social services reporting under Title XX of the Social Security Act.

Total case count for the Nonassistance Food Stamp column must agree with the total reported on Form DFA-256, Item 1.a., Column (B) for the same report month.

Total case count for the GAIN column must equal the total case count reported in the line A,6 (all three columns) Form GAIN 25 for the same report month.

<b>26-221.90 FORM ABCD 350</b>	<b>26-221.90</b>
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Fill in the information requested at the top and bottom of the report form and show the figures required for each item. Zero entries need not be made.



## FORM ABCD 350

STATE OF CALIFORNIA — HEALTH AND WELFARE AGENCY

DEPARTMENT OF SOCIAL SERVICES

**ANNUAL RECIPIENT REPORT ON AFDC,  
SOCIAL SERVICES, NONASSISTANCE FOOD STAMPS,  
AND GAIN ETHNIC ORIGIN AND PRIMARY LANGUAGE**

SEND ONE COPY TO:  
Department of Social Services  
Statistical Services  
744 P Street, Mail Station 19-81  
Sacramento, California 95814

COUNTY	
FOR THE MONTH OF	YEAR
APRIL	

**PART A. ETHNIC ORIGIN**

CODE	ETHNIC ORIGIN	NUMBER OF CASES			
		AFDC (FG/U, FC)	SOCIAL SERVICES	NONASSISTANCE FOOD STAMPS	GAIN
1	White (not of Hispanic origin)				
2	Hispanic				
3	Black (not of Hispanic origin)				
4	Asian or Pacific Islander				
5	American Indian or Alaskan Native				
7	Filipino				
TOTAL <sup>a/</sup>					

**PART B. PRIMARY LANGUAGE SPOKEN**

ITEM	LANGUAGE	NUMBER OF CASES			
		AFDC (FG/U, FC)	SOCIAL SERVICES	NONASSISTANCE FOOD STAMPS	GAIN
1	English				
2	Spanish				
3	Vietnamese				
4	Cambodian				
5	Chinese				
6	Laotian				
7	Filipino (Tagalog)				
8	Other Non-English (specify)				
TOTAL <sup>a/</sup>					

REPORT PREPARED BY	TELEPHONE NUMBER	DATE
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<sup>a/</sup> Total AFDC cases must equal CA 237 FG/U, Item 8a and CA 237 FC, Item 8a. Total Nonassistance Food Stamp cases must equal DFA—256, Item 1a, Column (B). Total GAIN cases must equal GAIN 25, Item A, 6.

ABCD 350 (3/89)